13-09-07

**SMITTAL** 

Fee Transmittal Form

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☐ Check Attached

Transmittal Form

Affidavits/declaration(s)

Amendment/Response

Letter to Official

Draftsperson including Drawings

[Total Sheets \_\_\_\_]

Time

Statement

Document(s)

Paper Copy/CD

Petition for Extension of

Information Disclosure

Form PTO-1449

Copies of IDS Citations

Certified Copy of Priority

Sequence Listing submission

Computer Readable Copy ☐ Statement verifying identity of above

Copy of Fee

□ Preliminary

☐ After Final

Express Mail Mailing Label No. EV 931177413 US 10/539,099 Application Number Filing Date January 30, 2006 First Named Inventor Bernhard Engl 1725 Group Art Unit Lin, Kuang Y Examiner Name 20496-482 Attorney Docket No. Patent No. Not yet assigned Issue Date Not yet assigned ENCLOSURES (check all that apply) Copy of Notice to File Missing Request for Certificate of Parts of Application (PTO-1553) Correction Certificate of Correction Replacement Drawing(s) Notice of Appeal to Board Request For Continued of Patent Appeals and Interferences Examination (RCE) Transmittal Appeal Brief Power of Attorney Status Inquiry (Revocation of Prior Powers)  $\boxtimes$ Return Receipt Postcard Terminal Disclaimer Certificate of Facsimile Transmission under 37 C.F.R. 1.8 Executed Declaration and Power  $\boxtimes$ of Attorney for Utility or Design Additional Enclosure(s) (please identify below)

☐ Response to Restriction Patent Application Requirement (1 page) Small Entity Statement CD(s) for large table or computer program Amendment After Allowance SIGNATURE BLOCK

CORRESPONDENCE ADDRESS Respectfully submitted, Patent Administrator Direct all correspondence to: Proskauer Rose LLP Date: March 08, 2007 One International Place Reg. No.: 55,699 Boston, MA 02110-2600

Tel. No.: (617) 526-9836 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899 Fax No.: (617) 526-9899

Deborah M. Vernon

Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600

Express Mail Mailing Label No.: EV931177413US

Complete if Known

Application Docket No. Filing Date First Named Group No.							implete if Known		
					erial No. 10/539,099				
Docke Docke				Docket No.	t No.		20496-482		
Filing Da						January 30, 2006			
First Named					Inventor				
MAR 0 8 Zuur Group No.						1725			
Examiner Na					ame		Kuang Y	-	
Confirmation						7141			
METHOD OF PAYMENT					1		F CALCIII ATION (continued)		
Payment Enclosed:						FEE CALCULATION (continued) 4. ADDITIONAL FEES			
					4. ADDITIONAL FEES  Large Small				
☐ Check ☐ Money Order ☐ Other					Entity	Entity			
The Commissioner is hereby authorized to credit or charge any fee					Fee(S)	Fee (\$)	Fee Description	Fee Paid	
indicated below for this submission to Deposit Account No. 16-2500.					` ′	` ,	•		
Required Fees (copy of this sheet enclosed).					130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and					50	25	Surcharge - late provisional filing fee or		
1.17.					30	23	cover sheet		
Overpayment Credit.					130	130	Non-English specification		
Applicant claims small entity status. (deduct 50%)					2,520	2,520	Request for ex parte re-examination		
FEE CALCULATION					120	60	Extension for reply within 1st mo.		
1. BASIC FILING, SEARCH, AND EXAMINATION				FEES	450	225	Extension for reply within 2 <sup>nd</sup> mo.		
Application	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 <sup>rd</sup> mo.		
Туре	J						•		
Utility	300	500	200		1.590	795	Extension for reply within 4 <sup>th</sup> mo.		
Design	200	100	130		2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	2,160	
Plant	200	300	160		500	250	Notice of Appeal		
Reissue	300	500	600	ļ	500	250	Filing a brief in support of an appeal		
Provisional	200	0	0		1,000	500	Request for oral hearing		
	3	<del> </del>	y Discount	0.00	400 180	0 180	Petitions to the Director Submission of IDS		
1. TOTAL         0.00           2. EXCESS CLAIM FEES         Fee         Small Entity					790	395	Filing a submission after final		
Fee (\$)					] '30	393	rejection (37 CFR 1.129(a))		
Each claim over 20 or, for Reissues, each claim									
The Let and More than in the original parent.					790	395	For each additional invention to be		
Each independent claim over 3 or, for Reissues, 200 100 each independent claim more than in the original							examined (37 CFR 1.129(b))		
patent.					100	100	Certificate of Correction for applicant's		
Total Claims Extra Claims				Fee Paid (\$)	130	65	error Submission of Terminal Disclaimer		
total Claims	1	Extra Claims	i	ree raid (3)	130	00	Submission of Terminal Discialmer		
- 20 or HP= x \$=						(C'C)			
HP = highest number of total claims paid for, if greater than 20					Other fee	(Specify)			
Indep. Claims Extra Claims Fee Paid (\$)									
- 3 or HP= x \$ =						(Specify)	<u> </u>		
HP = highest number of total claims paid for, if greater than 3							4. TOTAL:	\$2,160.00	
Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$)									
Claims 360 180									
TOTAL AMOUNT SUBMIT									
2. TOTAL: 0.00							(\$) \$2,	160.00	
3. APPLICATION SIZE FEE						SIGNATURE BLOCK			
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction							Respectfully submitted,		
there of. See 35 U.S							. , , , , , , , , , , , , , , , , , , ,		
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						Fax No.: (617) 526-9899 Proskauer Rose LLP			
CORRESPONDENCE ADDRESS					One International Place				
Direct all correspondence to:							Boston, MA 02110-2600		
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Proskauer Rose LLP									
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Boston, MA 02110									
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